

Work Order ID 62179

Monday, September 20, 2010 10:36:26 AM



Page 1

Item ID: D212-664-207

Accept



Setup Start



Revision ID:

Item Name: Crosstube Low Standard Aft

Stop



Start Date: 9/20/2010 Start Qty: 1.00

Required Date: 10/4/2010 Req'd Qty: 1.00



Cust Item ID:

Customer:

Reference:

Approvals:

Process Plan:

Date: 10-9-20

Tooling:

Date:

Run Start



QC:

Date:

SPC (Y/N):

Date:

Stop



Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
--------------------------------	--------------------------	----------------------	---------	--------	--------------	---------------	---------------	------------------	----------------

Draw Nbr	Revision Nbr
D212-664-247	Rev B

100

0.00



DC

Document Control

DOCUMENT CONTROL

Memo

0.00

Photocopy bluefile and create labels as per PPP D212-664-207 CHG001

Solulox

CK for BGR 10/11/08

110

0.00



Packaging

Packaging

Pick Kit
Packaging

Memo

0.00

EL 10-10-7. ①

120

0.00



CNC Bend 2

CNC Alpha 160 Bender

BENDING MACHINE - CROSSTUBES

Memo

0.00

Bend tube as per Dwg D212-664-247 using CNC bender program and Folio

SAD/EL

10-10-07

①

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

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Page 2

Item ID: D212-664-207

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Start Date: 9/20/2010 Start Qty: 1.00

Required Date: 10/4/2010 Req'd Qty: 1.00

Reference:

Cust Item ID:

Customer:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____
QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Run Start
Stop

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
130 QC Quality Control	QC15- Crosstube Dimensional Check Memo	0.00 0.00				40			
140 Crosstubes Crosstubes Crosstubes	Crosstubes Memo 1-Drill Rivet holes as per Dwg D212-664-247 using DT8972.***Use T-Pin*** 2-Drill pilot holes in tube as per Dwg D212-664-247 using DT8550 and DT8551 3-Ream hole to finish size in tube as per Dwg D212-664-247 4-Deburr & Inspect for surface damage. Repair damage within limits as per Dwg D212-664-247 5-Scribe part # and batch # using vibrating stylus as per Dwg D212-664-247	0.00 0.00				1			

SAD 12L
10-10-13

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

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Customer:

Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____
QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Run Start



Stop



Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
150 HandFXtube	Crosstubes Chemical Conversion	0.00							
Hand Finishing Crosstubes	Memo Chemical Conversion Coat Tube & Cuffs	0.00				①			
160 QC	QC3- Inspect Part Finish	0.00							
Quality Control	Memo	0.00							
170 QC	QC5- Inspect part completeness to step on W/O	0.00							
Quality Control	Memo	0.00				②			

SAD
10-10-13

8/10/13

8/10/13

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

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Required Date: 10/4/2010 Req'd Qty: 1.00

Reference:

Cust Item ID:

Customer:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____
QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Run Start
Stop

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
--------------------------------	--------------------------	----------------------	---------	--------	--------------	---------------	---------------	------------------	----------------

180



Outsource2

Outsource process - NDT

Outsource process - NDT per QSI038 4.1

0.00

Memo

0.00

Liquid Penetrant Inspection as per QSI 038
Issue P/O: 12740 LPI as per ASTM 1417
Level 2 Attach copy of NDT results to work order

CZ 10/10/14 ①

190



Packaging

Packaging

Receive & Inspect for Damage & Mat'l Certs

0.00

Packaging

Memo

0.00

Ensure copy of NDT results attached to work order.

Chaff 146

200



QC

Quality Control

QC5- Inspect part completeness to step on W/O

0.00

Memo

0.00

Inspect for damage & ensure results are as per Dwg D212-664-207

RT 10-10-15 ②

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

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Cust Item ID:

Required Date: 10/4/2010 Req'd Qty: 1.00

Customer:

Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____
QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Run Start



Stop



Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
210	Crosstubes	0.00							
	Crosstubes								
	Crosstubes								
	Memo	0.00							
	1-Rivet and assemble Cuffs with T-Pin in the through bolt holes as per Dwg D212-664-247. with Sika flex in Between tube & Cuff								
	A/R SIKAFLEX -241/-291 BATCH: 115114								
215	QC5- Inspect part completeness to step on W/O	0.00							
	QC								
	Quality Control								
	Memo	0.00							
	Inspect cuff with T-Pin								

W 10 11 03 ①

Solulor

④

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

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Item ID: D212-664-207

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Item Name: Crosstube Low Standard Aft

Start Date: 9/20/2010 Start Qty: 1.00

Required Date: 10/4/2010 Req'd Qty: 1.00



Reference:

Cust Item ID:

Customer:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____
QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Run Start
Stop

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
220  SprayPaint	Spray Painting per QSI005 4.2 SprayPaint	0.00				<u>11</u>	<u>10</u>	<u>11</u>	<u>04</u> (1)
	Memo	0.00							
	1-Prime inside and outside crosstube as per QSI 005 4.2								
	2-Paint outside crosstube with White Imron as per QSI 005 4.2								
	PRIME:								
	Start Time: <u>10:00</u>								
	Finish Time: <u>10:30</u>								
	PAINT:								
	Start Time: <u>2:30</u>								
	Finish Time: <u>3:00</u>								
230  QC	QC14- Inspect Spray Paint	0.00				<u>21</u>	<u>10</u>	<u>11</u>	<u>05</u> (1)
	Memo	0.00							
	Wrap in plastic bag to protect from scratches								

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			



NOTE: Date & initial all entries



Work Order ID 62179

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Item ID:	D212-664-207	Accept		Setup	Start	
Revision ID:						
Item Name:	Crosstube Low Standard Aft				Stop	
Start Date:	9/20/2010	Start Qty:	1.00			
Required Date:	10/4/2010	Req'd Qty:	1.00			
Reference:						

Approvals:	Process Plan:	Date:	Tooling:	Date:	Run	Start	
	QC:	Date:	SPC (Y/N):	Date:		Stop	

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
240		0.00							
	Crosstubes								
Crosstubes	Memo	0.00							
Crosstubes	1- Assemble as per Dwg D212-664-247								
	2- Lightly scuff the bonded area using a 320 grit sand paper and clean the area with 41058 wash 'n' wipe								
	3- Instal support with magnobond 6398 per dwg D212-664-247, cure for 12hrs before packaging.								
	Time & date of application: <u>9:45am</u>								
	Batch: <u>115580</u>								
	EXP. DATE <u>07/2011</u>								
	<u>Towave: ML10/11/08 ①</u>								
250	QC5- Inspect part completeness to step on W/O	0.00							
									
QC	Memo	0.00							
Quality Control									

Solulos

⑦

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

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Work Order ID 62179

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Page 8

Item ID: D212-664-207

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Item Name: Crosstube Low Standard Aft

Start Date: 9/20/2010 Start Qty: 1.00

Required Date: 10/4/2010 Req'd Qty: 1.00

Reference:

Cust Item ID:

Customer:

Approvals:

Process Plan:

Date:

Tooling:

Date:

QC:

Date:

SPC (Y/N):

Date:

Run

Start

Stop

Sequence ID/
Work Center IDOperation
DescriptionSet Up/
Run Hours

Tool ID

Tool #

Plan
CodeAccept
QtyReject
QtyReject
NumberInsp.
Stamp

255

Pick Kit

0.00



Packaging

Memo

0.00

Packaging

260

QC4- 100% Inspect kits for completeness

0.00



QC

Memo

0.00

Quality Control

270

Packaging

0.00



Packaging

Memo

0.00

Packaging

Identify and pack for shipping as per PPP D212-664-207

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

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Item Name: Crosstube Low Standard Aft

Start Date: 9/20/2010 Start Qty: 1.00

Required Date: 10/4/2010 Req'd Qty: 1.00

Reference:

Cust Item ID:

Customer:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Run Start

Stop

Sequence ID/
Work Center IDOperation
DescriptionSet Up/
Run Hours

Tool ID

Tool #

Plan
CodeAccept
QtyReject
QtyReject
NumberInsp.
Stamp

280

QC21- Final Inspection - Work Order Release

0.00



QC

Memo

0.00

Quality Control

ck 10/11/09 MF 10-11-9

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

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DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
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NOTE: Date & initial all entries

Picklist Print

Monday, September 20, 2010 10:36:31 AM

Page 1

Work Order ID: 62179

Parent Item: D212-664-207

Parent Item Name: Crosstube Low Standard Aft




Start Date: 9/20/2010

Required Date: 10/4/2010

Start Qty: 1.00

Required Qty: 1.00

Comments: IPP Rev:A New Issue 07.09.12 EC verified by: JLM
 IPP Rev:B ECN 1100p 08-01-11 DD verified by: EC
 IPP Rev:C ECN 1121 08-02-25 DD verified by: eC
 IPP Rev: D QC5 replaced by QC15 at step 5 KJ Verified by: ec

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
D212-664- 207TRNRevA		Manufactured	No			110	Each	0.0000	1	1			
													
Crosstube Turning Detail													
D3660-1		Manufactured	No			140	Each	6.0000	2	2			
													
CUFF													
<div> <div>Location</div> <div>ST477</div> <div>53501</div> </div> <div> <div>Loc Qty</div> <div>6</div> <div>6</div> </div> <div> <div>Loc Code</div> <div></div> <div></div> </div>													
CR3212-4-06		Purchased	No			220	Each	1,265.000	44	44			
													
CHERRY RIVET													
<div> <div>Location</div> <div>ST311</div> <div>112492</div> <div>112612</div> <div>112724</div> <div>112794</div> </div> <div> <div>Loc Qty</div> <div>1265</div> <div>156</div> <div>109</div> <div>200</div> <div>800</div> </div> <div> <div>Loc Code</div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>													

B51377

B 10-10-7

B 10-10-7

2

ml 10 11 03

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

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NOTE: Date & initial all entries

Picklist Print

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Page 2

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Work Order ID: 62179

Parent Item: D212-664-207

Parent Item Name: Crosstube Low Standard Aft

Start Date: 9/20/2010

Required Date: 10/4/2010

Start Qty: 1.00

Required Qty: 1.00

D3595-063-530

Manufactured No

240

Each

73.0000

4

4



RUBBER CUSHION



10-11-05

Location

Loc Qty

Loc Code

FP

36

50030

12

51776

24

LG

37

59581

37

D2940-1

Manufactured No

240

Each

37.0000

2

2



Support



10-11-05

Location

Loc Qty

Loc Code

LG

37

45203

1

57338

16

60271

20

MS21920-28

Purchased No

240

Each

65.0000

4

4



Clamp(per MIL-DTL-8783C)



10-11-05

Location

Loc Qty

Loc Code

FG

5

105884

5

LG

60

112863

12

114749

48

D3428-1

Manufactured No

255

Each

0.0000

1

1



Placard



B62096 10/11/05

Monday, September 20, 2010 10:36:31 AM

Shop Packet Print

Page 2

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

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Work Order ID: 62179

Parent Item: D212-664-207

Parent Item Name: Crosstube Low Standard Aft

Start Date: 9/20/2010

Required Date: 10/4/2010

Start Qty: 1.00

Required Qty: 1.00

MS21042L6

Purchased

No

255

Each

268.0000

6

6

Nut

Location

Loc Qty

Loc Code

ST300

268

111578

4

114495

64

115300

200

AN960JD616

NAS1149D0663J

Purchased

No

255

Each

0.0000

18

18

Washer

AN6-40A

Purchased

No

255

Each

87.0000

4

4

Bolt

Location

Loc Qty

Loc Code

ST343

87

112828

1

114283

26

115300

60

AN6-41A

Purchased

No

255

Each

62.0000

2

2

Bolt

Location

Loc Qty

Loc Code

ST344

62

113288

32

115316

30

Monday, September 20, 2010 10:36:31 AM

Shop Packet Print

Page 3

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

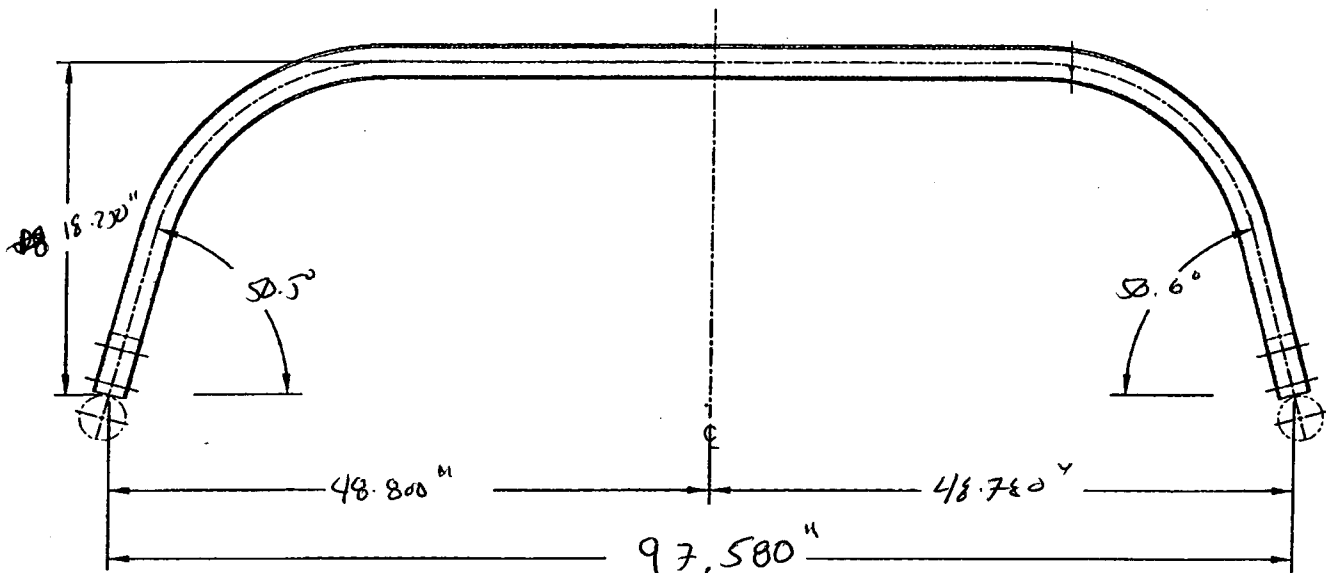
Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

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NOTE: Date & initial all entries

DART AEROSPACE LTD		Work Order:	62179
Description: Crosstube Low Aft (205/212)		Part Number:	D212-664-207
Inspection Dwg: D212-664-247 Rev: B		Page 1 of 1	

Required Dimension	Min	Max
Height	18.16	18.42
1/2 Span	48.55	48.81
Angle	49	52
Total Span	97.1	97.62



Comments

QC15 Inspection	S
Date	10/10/09

Rev	Date	Change	Revised by	Approved
A	08.02.29	New Issue	KJ/JM	
B	10.04.01	Dwg Rev updated	KJ	

W/O:		WORK ORDER CHANGES					
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			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

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Item	Qty -247	Qty -247B	Part Number	Description
1	X		D212-664-247	CROSSTUBE ASSEMBLY (205/212 LOW AFT)
2		X	D212-664-247B	CROSSTUBE ASSEMBLY (214 LOW AFT)
3	1	1	D6008-132	CROSSTUBE
4	2	2	D2940-1	SUPPORT
5	4	4	D3595-063-530	RUBBER CUSHION
6	2	2	D3660-1	CUFF
7	4	4	MS21920-28	CLAMP (OR MS21920-30)
8	44	44	CR3212-4-06	RIVET (OR M7885/3-4-06)
9	A/R	A/R	MAGNOBOND 6398	ROCKWELL SPECIFICATION RBO-120-023 ADHESIVE (TEXTRON/BELL SPEC. 299-947-100, TYPE II, CLASS 2 ADHESIVE)
10	A/R	A/R	SIKAFLEX-241/-291	SEALANT (OR PROSEAL 890 OR MIL-S-8802 CLASS B2 SEALANT)

GENERAL NOTES:

- 1) MATERIAL: MANUFACTURED FROM D6008-132
FINISHED LENGTH = 128.268±0.020 (BEFORE BENDING/TRIMMING)
- 2) FINISH: CHEMICAL CONVERSION COAT PER DART QSI 005 4.1
PRIME INSIDE AND OUTSIDE PER DART QSI 005 4.2
PAINT OUTSIDE PER DART QSI 005 4.2
- 3) TOLERANCES ARE PER DART QSI 018 UNLESS OTHERWISE NOTED.
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED.
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX.
- 6) IDENTIFICATION: SCRIBE DART PART NUMBER "D212-664-XXX" AND BATCH NUMBER ON INSIDE OF CUFF
USING VIBRATING STYLUS.
- 7) WEIGHT: D212-664-247 = 36.6 lbs (PER IIN-D212-664)
D212-664-247B = 36.6 lbs (PER IIN-D212-664)
- 8) PART IS SYMMETRIC ABOUT CENTERLINE.
- 9) WHEN MACHINING TAPER, RUN CUTTER OFF PART. BLEND OUT EDGE LONGITUDINALLY, TRANSITION SHOULD
BE SMOOTH.
- 10) BEND PROGRESSIVELY WITH A MINIMUM OF 8 PASSES. MAXIMUM TUBE FLATTENING DUE TO BENDING IS 6%
BASED ON O.D., EXCEPT UP TO 10% IS ALLOWED IN AREA NOTED.
- 11) LIQUID PENETRANT INSPECT OUTSIDE SURFACE OF CROSSTUBE PER QSI 038.
- 12) INSTALL D2940-1 SUPPORT USING 0.03" TO 0.05" THICK LAYER OF MAGNOBOND 6398 TO THE SURFACE OF
D2940-1 THAT WILL BE IN CONTACT WITH THE CROSSTUBE PER QSI 015. LET CURE FOR 12 HOURS AFTER
INSTALLATION AND PRIOR TO PACKAGING.
- 13) INSTALL MS21920-28 CLAMPS (OR -30) WITH D3595-063-530 RUBBER CUSHIONS TO SECURE THE D2940-1
SUPPORT ON TOP SIDE OF THE CROSSTUBE. ENSURE CLAMPS ARE OPPOSITE OF CROSSTUBE SUPPORT.
- 14) EXTREME CARE MUST BE TAKEN TO PROTECT THE OUTSIDE SURFACE OF THE TUBE. THE OUTSIDE
SURFACE MUST BE SMOOTH AND FREE FROM SURFACE DEFECTS SUCH AS SCRATCHES, NICKS, OR DENTS.
DEFECTS UP TO 0.005" MAY BE BLENDED OUT LONGITUDINALLY. CIRCUMFERENTIAL GRIND MARKS ARE
UNACCEPTABLE.
- 15) TORQUE CLAMPS 80 TO 100 IN-LB. ENSURE AT LEAST 1.5 THREADS SHOWING IN SAFETY AND THAT NUT HAS
NOT BOTTOMED-OUT AFTER TORQUING.
- 16) INSTALL D3660-1 CUFF AFTER CHEMICAL CONVERSION COAT BUT BEFORE PAINT, WITH A LAYER OF
SIKAFLEX-241/-291 OR PROSEAL 890 OR MIL-S-8802 CLASS B2 SEALANT BETWEEN CUFF AND CROSSTUBE.
SEAL EDGE OF CUFF TO ENSURE NO GAPS.
- 17) TOUCH-UP HOLES WITH CHEMICAL CONVERSION COAT.

SHO: CUG
RETURNED
ENGINEERING
UNCONTROLLED
SUBJECT TO APPROVAL
WITHOUT NOTICE
WORK ORDER
NO. - 62179-
B/H 10-9-20

RELEASED
2009-10-79
MP

B	REVISE GENERAL NOTES/PART LIST; UPDATE TO CURRENT STANDARDS: ADD -247B (ZN C4-2, D5-2)	RF	09.09.30
A	NEW ISSUE	CP	07.07.07
REV.	DESCRIPTION	BY	DATE
DESIGN	RF	DART AEROSPACE LTD	
DRAWN	RF	HAWKESBURY, ONTARIO, CANADA	
CHECKED	RF	DRAWING NO.	REV. B
MFG. APPR.	RF	D212-664-247	SHEET 1 OF 4
APPROVED	RF	TITLE	SCALE
DE APPR.	RF	CROSSTUBE (205/212 LOW AFT)	NTS
DATE	09.09.30	COPYRIGHT © 2007 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.	

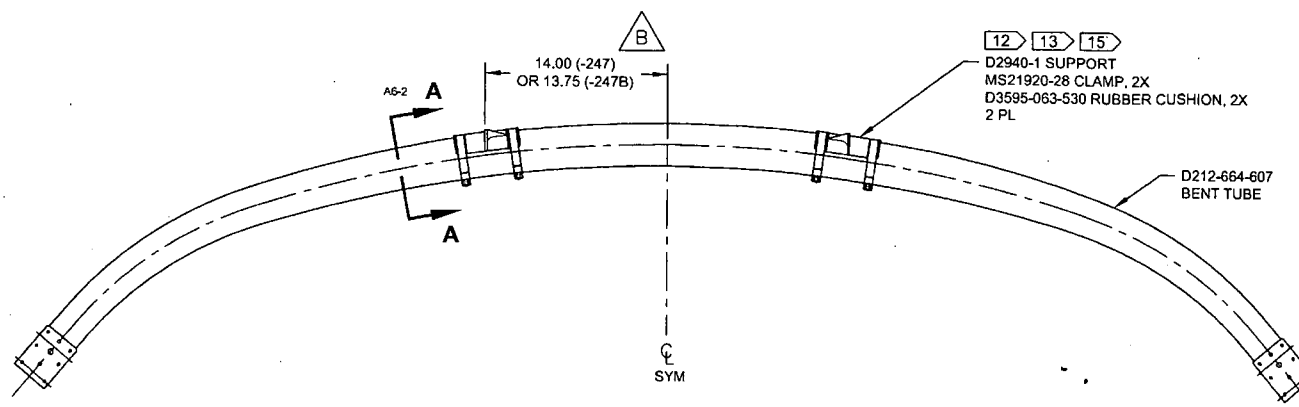
W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

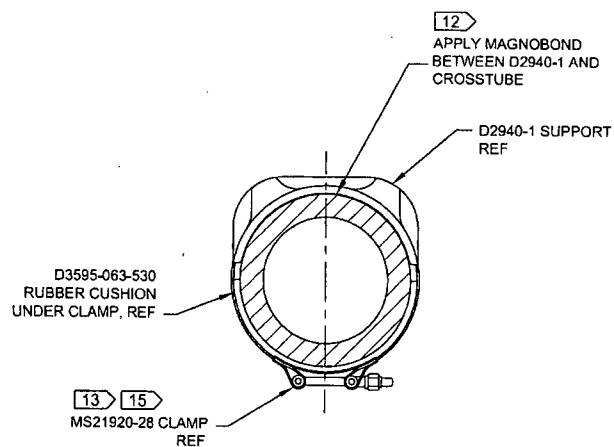
Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries



**D212-664-247/-247B
ASSEMBLY DETAIL**



SECTION A-A D6-2
SCALE 4X

wlo 42777

RELEASED
2009-10-29
MP

DESIGN	97	DART AEROSPACE LTD	
DRAWN	RF	HAWKESBURY, ONTARIO, CANADA	
CHECKED	97	DRAWING NO.	REV. B
MFG. APPR.	SS	D212-664-247	SHEET 2 OF 4
APPROVED	40	TITLE	SCALE
DE APPR.	44	CROSSTUBE (205/212 LOW AFT)	NTS
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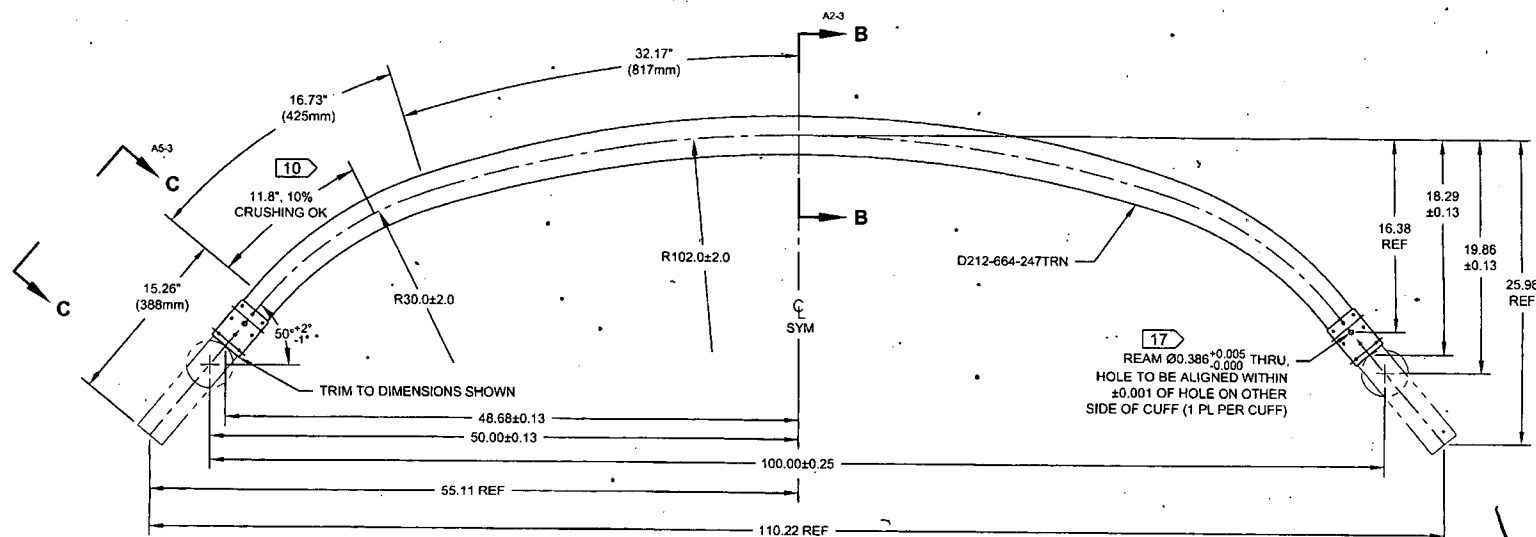
W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

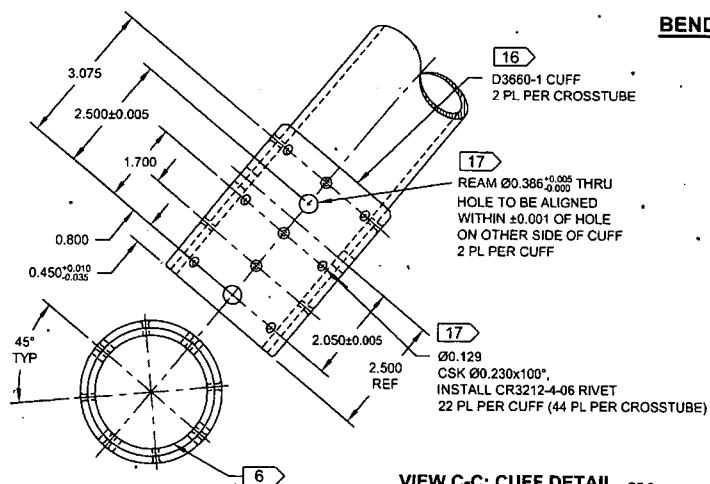
Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

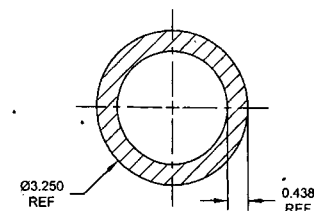
NOTE: Date & initial all entries



D212-664-607
BENDING AND DRILLING DETAIL



VIEW C-C: CUFF DETAIL D7-3
SCALE 4X



SECTION B-B D4-3
SCALE 4X

RELEASED
2009-10-29

DESIGN	9	DART AEROSPACE LTD	
DRAWN	RF	HAWKESBURY, ONTARIO, CANADA	
CHECKED	9	DRAWING NO.	REV. B
MFG. APPR.	SS	D212-664-247	SHEET 3 OF 4
APPROVED	10	TITLE	SCALE
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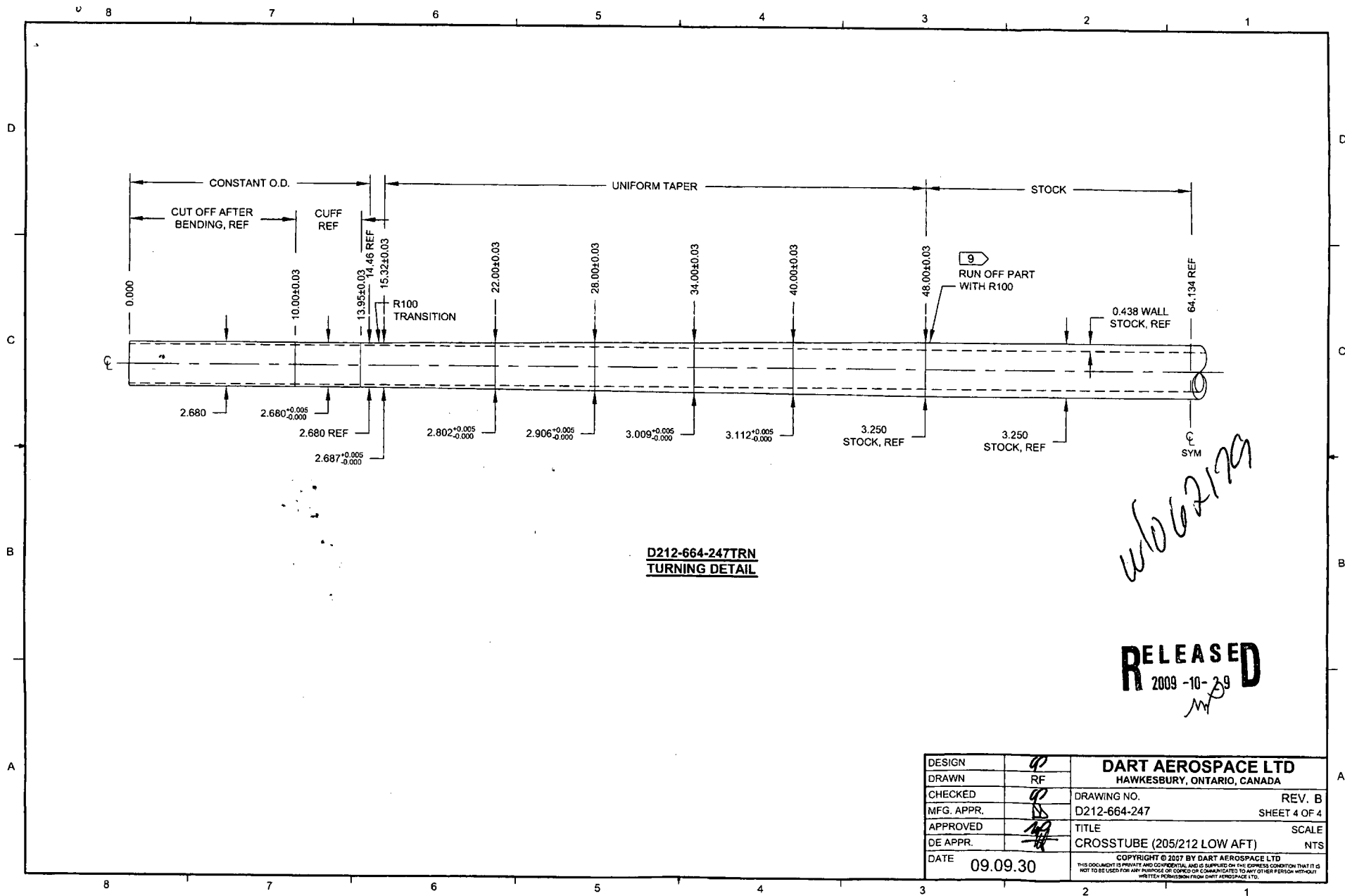
W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries



W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries



LIQUID PENETRANT TEST REPORT

P- 15196

PAGE 1 OF 1

CLIENT DART AEROSPACE DATE OCT-14-2010 TIME AM ☒ PM ☐
ATTENTION LINDA / CHANTAL ACUREN JOB NO. 188-10-0918
ADDRESS 1270 ASSELDEEN ST. POWO NO. —
HAWKESBURY, ON. WORK LOCATION HAWKESBURY
ACCEPTANCE STD. ASTM 1417 REV./DATE 2005
PROJECT F. P. I. ON CROSS TUBES
ITEM(S) EXAMINED (4)

JOB DESCRIPTION — PROCEDURE NO. LT-0002 REV./DATE 2008 TECHNIQUE NO. LT-TECH2 REV./DATE 2008
PART NO. — MATERIAL ALUMINE ALUMINUM THICKNESS —
SCOPE WET FLUORESCENT LIQUID PENETRANT CARRIED
OUT ON 100% EXTERNAL SURFACE

TEST DETAILS
METHOD ☒ FLUORESCENT ☐ VISIBLE ☒ WATER WASH ☐ SOLVENT REMOVABLE ☐ POST EMULSIFIED
FAMILY BRAND MAGNAFLUX BLACK LIGHT S/N 16459 ☐ OUTPUT > 1000 μ W/cm² ☐ AMBIENT < 2 fc
PENETRANT ZL67 MINIMUM DWELL TIME 45 MIN. LIGHTING EQUIP. ☐ FLASHLIGHT ☐ TROUBLELIGHT ☐ OUTPUT > 100 fc @ SURFACE
PENETRANT REMOVER H2O MINIMUM DRY TIME >10 MIN. OTHER —
DEVELOPER SK052 MINIMUM DWELL TIME 10 MIN. LIGHT METER S/N 1098866 CAL DUE DATE OCT-19-2010
DEVELOPER TYPE ☒ NON AQUEOUS ☐ AQUEOUS ☐ DRY

TEST SURFACE
SURFACE CONDITION ☐ AS GROUND ☐ AS WELDED ☒ MACHINED ☐ SHOT BLASTED ☒ CLEAN BARE METAL
SURFACE TEMPERATURE ☐ < -4°C/ 20°F ☐ -4°C/ 20°F TO 10°C/50°F ☐ 10°C/50°F TO 52°C/125°F ☐ > 52°C/125°F

RESULTS- (☐ METRIC ☐ IMPERIAL)

1 CROSS TUBE - W.O. 61739. ✓
1 CROSS TUBE - W.O. 61738 ✓
1 CROSS TUBE - W.O. 62179. ✓
1 CROSS TUBE - W.O. 62841 ✓

10-10-15

Scope of Services

The agreement of Acuren Group Inc. to perform services extends only to those services provided for in writing. Under no circumstances shall such services extend beyond the performance of the requested services. It is expressly understood that all descriptions, comments and expressions of opinion reflect the opinions or observations of Acuren Group Inc. based on information and assumptions supplied by the owner/operator and are not intended nor can they be construed as representations or warranties. Acuren Group Inc. is not assuming any responsibilities of the owner/operator and the owner/operator retains complete responsibility for the engineering, manufacture, repair and use decisions as a result of the data or other information provided by Acuren Group Inc. In no event shall Acuren Group Inc.'s liability in respect of the services referred to herein exceed the amount paid for such services.

Standard of Care

In performing the services provided, Acuren Group Inc. uses the degree, care and skill ordinarily exercised under similar circumstances by others performing such services in the same or similar locality. No other warranty, expressed or implied, is made or intended by Acuren Group Inc.

SIGNATURES

CLIENT REPRESENTATIVE Ian T. Fley DTR # E 63396
TECHNICIAN (SIGNATURE): M.KE J. HANSTON REPORT REVIEWED BY: —
NAME (PRINT): M.KE J. HANSTON NAME INITIALS
CGSB LEVEL 1ST TECHNICIAN CGSB LEVEL 2ND TECHNICIAN
CGSB REG. NO. 66666 CGSB REG. NO. —